

ARIZONA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

STATE FILE NO.

3077

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

1. PLACE OF DEATH

A. COUNTY **Maricopa**

B. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL)
OR TOWN **Phoenix**

C. LENGTH OF STAY IN THIS PLACE IN ARIZONA
1 mo. 5 yrs

2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION: RESIDENCE BEFORE ADMISSION).

A. STATE **Arizona** B. COUNTY

C. CITY (IF OUTSIDE CORPORATE LIMITS. WRITE RURAL)
OR TOWN **Wickenburg**

D. STREET ADDRESS (IF RURAL, GIVE LOCATION)
Box 44

3. NAME OF DECEASED

A. (FIRST) **HARRY**

B. (MIDDLE) **E.**

C. (LAST) **CARR**

4. SEX **Male**

5. COLOR OR RACE **White**

6. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

7. DATE OF BIRTH
MONTH **5** DAY **2** YEAR **93**

8. AGE
YEARS **57** MONTHS **1** DAYS **21**

9. UNDER 24 HOURS
HOURS MIN.

10. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED).
Farmer

11. KIND OF BUSINESS OR INDUSTRY
Farming

12. BIRTHPLACE (STATE OR FOREIGN COUNTRY)
Indiana

13. CITIZEN OF WHAT COUNTRY?
U.S.A.

14. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)
Yes WWI

15. SOCIAL SECURITY NO.
Unk.

16. FATHER'S NAME
Edward Carr

17. BIRTHPLACE (STATE OR COUNTRY)
Indiana

18. MOTHER'S MAIDEN NAME
Rebecca Denbo

19. BIRTHPLACE (STATE OR COUNTRY)
Indiana

20. INFORMANT'S SIGNATURE

ADDRESS

21. DATE OF DEATH

(MONTH) **June**

(DAY) **23**

(YEAR) **1950**

18. CAUSE OF DEATH

ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c).

*THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE INJURY, OR COMPLICATION WHICH CAUSED DEATH.

PLACE DISEASE CONTRAINDICATED.

1. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES

MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST.

DUE TO (b)

II. OTHER SIGNIFICANT CONDITIONS

CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.

DUE TO (c)

MEDICAL CERTIFICATION

TUBERCULOSIS, PULMONARY FAR ADVANCED, ACTIVE

INTERVAL BETWEEN ONSET AND DEATH
Since WWI

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)

21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)

21C. (CITY OR TOWN) (COUNTY) (STATE)

21D. TIME (MONTH) (DAY) (YEAR) (HOUR) (MINUTE) (SECOND) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I HEREBY CERTIFY THAT ATTENDED THE DECEASED FROM **5-24-** 19 **50** TO **6-23** 19 **50** ~~XXXXXX~~

AND THAT DEATH OCCURRED **6:30P** FROM THE CAUSES AND ON THE DATE STATED ABOVE.

23A. SIGNATURE

(DEGREE OR TITLE)

23B. ADDRESS

23C. DATE SIGNED

R.A. Gunter, M.D., Chief, Prof. Svc.

Veterans Hospital, Phoenix

6-24-50

24A. BURIAL ☐ CREMATION ☐ REMOVAL ☒

24B. DATE
June 24, 1950

24C. NAME OF CEMETERY OR CREMATORY
Wickenburg Cemetery

24D. LOCATION (CITY OR TOWN, OR COUNTY) (STATE)
Wickenburg, Arizona

25A. DATE REC'D BY LOCAL REG.

25B. REGISTRAR'S SIGNATURE

26. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

27. EMBALMER'S SIGNATURE

CERT. NO.

6/24/50

Beulah Johnston me.

Henry J. Foman

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